Child and Adolescent Telepsychiatry

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Introduction

This project focuses on the feasibility of using live video teleconferencing to provide clinical support to distant sites in remote areas that have little or no access to child psychiatric services

Method

1) Collect patient experiential data of those previously seen via the VTC modality

- Validate clinical modality from patient experience
- Ensure statistical variance: patient age, diagnosis and clinical interaction

2) Collect clinician experiential data of those previously participating in a VTC-based pilot project from a near and remote site perspective

3) Compare concordance of pre- and post-expectation and satisfaction of parents utilizing traditional face-to-face versus the VTC modality

WRAMC
Consultation Roo

Referring Site Consultation

Results

March 1998 – April 2001

- 69 new child and adolescent psychiatry patients seen at the Carlisle Barracks Clinic by project's principal investigator
- Over 200 total patient contacts were recorded during this weekly half-day clinic
- Children ranged in age from 5 - 18 years old
- All diagnostic categories were represented and clinical interactions ranged from screening assessment to ongoing therapeutic management
- Clinician experience suggested satisfaction on both near and distant ends
- Overall clinician impression:
  - VTC modality can approximate traditional face-to-face interactions

Discussion

- Successful implementation of a pilot project in child and adolescent psychiatry
- Provided services to children of varying age, diagnosis and clinical interaction
- Positive experiential data reflecting usefulness of this modality as an alternative for child and adolescent care at remote sites where services are generally not available
- Well suited for regional adaptation with services provided from a well-resourced medical center
- Larger scale implementation will incur start up costs